

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION		68904	-1/18/00
O.I.P.E. CLASSIFIER		12	1/19/00
FORMALITY REVIEW		69833	2/11/00
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	4/11/01
2	8/21/02
3	9/13/03
4	4/17/03
5	8/8/04
6	1/9/04
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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